

2005 California Children's Services (CCS) Status Report

The CCS Status Report provides an annual update on the number of Healthy Families Program (HFP) children who received services through the county CCS programs and the dollars spent for the services. This report covers services provided in Fiscal Year 2004/05 (July 1, 2004-June 30, 2005).

Key findings from the data collected include:

- 11,143 HFP subscribers were referred by plans to the CCS program which is 1,938 more referrals than the prior year. This figure represents 1.5% of plan enrollment, which is slightly higher than FY 2003/04 (1.4%).
- CCS county programs identified more than 22,000 active HFP CCS cases, which represents an 18% increase in comparison to FY 2003/04. However, the percentage (3%) of active cases to HFP enrollment is about the same.
- While the number of active HFP/CCS cases increased in FY 2004/05, the average cost per active case decreased in comparison with the prior year (\$3,165 in FY 2004/05 compared to \$3,765 in FY 2003/04).
- FY 2004/05 expenditures for HFP/CCS services as reported by the Department of Health Services (DHS) were \$73.1 million, an increase of less than \$1 million when compared with the prior year.
- Treatment of the CCS high cost medical conditions of Malignancies, Cardiac Disorders, and Coagulation Disorders continue to account for the three highest expenditures and represent close to a third of total expenditures for FY 2004/05.
- There were significant increases in the expenditures associated with the treatment of several CCS medical conditions: a 503% increase to treat joint disorders (acute & chronic), a 172% increase to treat "Other Fractures" and a 113% increase to treat intestinal conditions.

Background

Children enrolled in the HFP receive comprehensive health, dental and vision services through licensed plans that participate in the program. In addition, HFP children with certain physical limitations such as muscular dystrophy, chronic health conditions such as diabetes, medically handicapping malocclusion, and eye conditions, receive services through the CCS Program. The CCS Program is a statewide program operated under the Department of Health Services that arranges, directs, and pays for medical services, equipment, and rehabilitation services for the treatment of a CCS condition provided by CCS-approved specialists.

When a HFP participating plan suspects that a child has a CCS eligible condition, the plan is required to refer the child to the appropriate county CCS program. When the child is determined to be eligible for CCS services, CCS provides coverage of the CCS condition. However, the child's HFP plan continues to be responsible for providing the child with those necessary HFP services that are not covered by CCS.

To ensure coordination of care for HFP subscribers who are eligible for the CCS services, the Managed Risk Medical Insurance Board (MRMIB) developed a model Memorandum of Understanding (MOU) for use by HFP participating plans and county CCS programs. Plans participating in the HFP are required to submit an MOU to MRMIB that has been signed by a plan official and a county program official. MOUs are required for each county in which the plan serves HFP members.

Overview of CCS Program

Who qualifies for CCS services?

- Any HFP enrollee who has a medical condition covered by CCS; and
- Other California children who meet the medical, residential and financial eligibility requirements of CCS.

CCS eligible medical conditions include the following:

- Conditions involving the heart (*congenital heart diseases, rheumatic heart disease*)
- Neoplasms (*cancer, tumors*)
- Disorders of the blood/coagulation disorders (*hemophilia A (Factor VIII deficiency), Hemophilia B (Factor IX deficiency), sickle cell anemia*)
- Disorders of the respiratory systems (*cystic fibrosis, chronic lung disease*)
- Disorders of the genito-urinary systems (*serious kidney problems*)
- Endocrine, nutritional, and metabolic disorders (*thyroid problems, PKU, diabetes*)
- Disorders of the gastrointestinal system (*chronic inflammatory disease, diseases of the liver such as biliary atresia*)
- Serious birth defects (*cleft lip/palate, spina bifida*)
- Disorders of the sense organs (*hearing loss, glaucoma and cataract*)
- Disorders of the nervous system (*cerebral palsy, uncontrolled seizures*)
- Disorders of the musculoskeletal system and connective tissues (*rheumatoid arthritis, muscular dystrophy*)
- Severe disorders of the immune system (*HIV infection*)
- Disabling conditions or poisonings requiring intensive care or rehabilitation (*severe head, brain, or spinal cord injuries, severe burns*)
- Complications of premature birth requiring an intensive level of care
- Disorders of the skin and subcutaneous tissue (*severe hemangioma*)
- Medically handicapping malocclusion (*severely crooked teeth*)

What services are available?

CCS provides the following services to children who are eligible for the program:

- Treatment of a child's CCS condition, including:
 - Physician services;
 - Emergency services;
 - Hospital services;
 - Home health care;
 - High-risk infant follow-up; and
 - Other medical services when determined by the CCS program as medically necessary.
- Medical case management, including :
 - Providing assistance to obtain specialty care when medically necessary;
 - Referral to other agencies including public health nursing and regional centers; and

- Obtaining diagnostic services such as laboratory tests and x-rays.
- Special care center services for CCS children who have special medical conditions that require care from many specialists working together;
- Medical therapy program which provides physical therapy and/or occupational therapy in public school;
- Orthopedic appliances and medical equipment; and
- Other therapy services to help parents and children such as:
 - Counseling to help with stress and worry;
 - Transportation to assist with medical needs; and
 - Appropriate lodging and meals.

Payment of Services

Sixty-five percent federal, 17.5% state, and 17.5% county funds are used to pay for CCS services provided to children enrolled in the HFP. For HFP subscribers whose family income is determined to be over the \$40,000 CCS financial eligibility requirement, the county's financial responsibility for payment of services is waived. For these children, only state and federal funds are used to pay for CCS services (35% state/65% federal).

Referrals by Plans

Table 1 provides the following information about CCS referrals by plan for the FY 2004/05 and FY 2003/04:

- In FY 2004/05, HFP participating plans referred 11,143 HFP children to the CCS program.
- Of the 11,143 referrals that were made, more than 88% came from health plans, over 12% came from dental plans and less than 0.1% came from the vision plan.
- Referrals as a percentage of plan enrollments for FY 2004/05 were slightly higher than the prior year (1.50% in FY 2004/05 compared to 1.38% in FY 2003/04).
- Three health plans showed notable increases in referrals (as a percentage of their HFP enrollment) for FY 2004/05. The health plans were:
 - Health Net;
 - Central Coast Alliance for Health; and
 - Health Plan of San Joaquin
- The health plans attribute their increase in referrals to a number of factors such as:
 - Use of trained staff to identify and refer children who are potentially eligible for CCS services;
 - Improved identification of these children;
 - Good working relationships between the plans and county CCS programs; and
 - Increased plan efforts in educating providers regarding the CCS program.

Table 1
FY 2004-05 CCS Referrals by Participating HFP Plans

Plan Name	Total # of HFP Enrollees as of 6/30/04	Total # of CCS Referrals as of 6/30/04	Referrals as % of Plan Enrollment as of 6/30/2004	Total # of HFP Enrollees as of 6/30/05	Total # of CCS Referrals as of 6/30/05	Referrals as % of Plan Enrollment as of 6/30/05
Health Plans						
Alameda Alliance for Health	8,756	67	0.77%	8,860	37	0.42%
Blue Cross (HMO and EPO)	258,812	1,942	0.75%	292,205	2,312	0.79%
Blue Shield (HMO and EPO)	37,960	325	0.86%	42,453	428	1.01%
Cal OPTIMA Kids	28,899	495	1.71%	31,184	329	1.06%
Care 1st Health Plan	6,034	39	0.65%	7,076	15	0.21%
Central Coast Alliance for Health	1,634	17	1.04%	2,008	52	2.59%
Community Health Group	19,191	602	3.14%	22,024	801	3.64%
Community Health Plan	26,232	367	1.40%	26,433	284	1.07%
Contra Costa Health Plan	2,904	33	1.14%	3,296	10	0.30%
Health Net (HMO and EPO)	90,585	1,967	2.17%	98,360	3,075	3.13%
Health Plan of San Joaquin	8,082	121	1.50%	8,680	223	2.57%
Health Plan of San Mateo	2,298	20	0.87%	2,661	11	0.41%
Inland Empire Health Plan	30,064	464	1.54%	35,743	686	1.92%
Kaiser Permanente	67,241	116	0.17%	82,294	241	0.29%
Kern Family Health Care	7,627	325	4.26%	9,403	259	2.75%
Molina Healthcare of California	14,379	128	0.89%	41,690	176	0.42%
San Francisco Health Plan	5,653	41	0.73%	5,860	30	0.51%
Santa Barbara Regional Health	1,747	22	1.26%	1,906	20	1.05%
Santa Clara Family Health Plan	11,900	320	2.69%	12,793	202	1.58%
Sharp Health Plan	19,257	265	1.38%	44 ¹	273	1.0%
UHP Healthcare	2,001	53	2.65%	1,954	56	2.87%
Universal Care	10,766	174	1.62%	7,638	225	2.95%
Ventura County Health Care Plan	2,962	91	3.07%	3,005	106	3.53%
Total for Health Plans	664,984	7,994	1.20%	747,570	9,851	1.28%
Dental Plans						
Access Dental	112,976	387	0.34%	138,601	287	0.21%
Delta Dental	360,932	265	0.07%	376,094	262	0.07%
Health Net/Safeguard Dental	129,535	92	0.07%	147,326	174	0.12%
Premier Access	18,151	24	0.13%	20,069	18	0.09%
Universal Care Dental	43,390	441	1.02%	65,462	550	0.84%
Western Dental				18	0	0.00%
Total for Dental Plans	664,984	1,209	0.18%	747,570	1,291	0.17%
Vision Plan						
Vision Service Plan	664,984	2	0.00%	1	1	0.00%
Total for Vision Plan	664,984	2	0.00%	1	1	0.00%
TOTAL ALL PLAN TYPES	664,984	9,205	1.38%	747,570	11,143	1.49%

DATA SOURCES: CCS quarterly referral reports submitted to MRMIB by participating HFP plans and HFP monthly enrollment reports. Referrals include only those children who were referred to CCS from a HFP participating plan. Referrals of HFP children to CCS may come from other sources, such as schools and families and are not reflected in the table.

¹ The plan HFP enrollment as of May 2005 was 21,722 (prior to Sharp's members assignment to Molina HealthCare). The 273 referrals reported by the plan represent 1.26% of the 21,722 enrollment.

Active HFP CCS Cases by County

Table 2 provides the following information regarding the HFP/CCS active cases as reported by the counties for the 2004/05 Benefit Year:

- There was an 18% increase in the number of HFP active cases. However, active cases as a percentage of the total HFP enrollment are essentially the same as the prior benefit year.
- There are several counties that had a notable increase in their active HFP CCS cases (as a percentage of their HFP enrollment) in comparison to the prior benefit year:
 - Colusa (+2.1%);
 - San Mateo (+1.29%); and
 - Imperial (+1.0%)
- Five counties had the highest number of active HFP/CCS cases in both the 2004/05 benefit year as well as during the prior year.
 - These counties and the number of cases are:
 - Los Angeles (5,926);
 - Orange (2,558);
 - San Diego (2,182);
 - Riverside (1,849); and
 - San Bernardino (1,236)
 - The number of active cases in these five counties represented over 60% of the total HFP/CCS active cases.
 - These five counties have over 60% of the total HFP enrollees.

Table 2
Active HFP CCS Cases by County

County	# of Enrollees as of 6/30/05	% of Enrollees as of 6/30/05	# of HFP/ CCS Active Cases	Active Cases as % of County Enrollees
Alameda	17,535	2.34%	488	2.78%
Amador	381	0.05%	10	2.62%
Alpine	7	0.00%	0	0.00%
Butte	3,353	0.45%	110	3.28%
Calaveras	571	0.08%	15	2.63%
Colusa	1,328	0.18%	74	5.57%
Contra Costa	10,222	1.37%	305	2.98%
Del Norte	479	0.06%	18	3.76%
El Dorado	2,325	0.31%	81	3.48%
Fresno	20,489	2.74%	817	3.99%
Glenn	1,132	0.15%	33	2.92%
Humboldt	2,355	0.31%	73	3.10%
Imperial	4,678	0.63%	160	3.42%
Inyo	297	0.04%	13	4.38%
Kern	20,155	2.70%	641	3.18%
Kings	3,357	0.45%	74	2.20%
Lake	1,633	0.22%	26	1.59%
Lassen	301	0.04%	9	2.99%
Los Angeles	206,572	27.62%	5,926	2.87%
Madera	3,628	0.49%	107	2.95%
Marin	2,438	0.33%	53	2.17%
Mariposa	237	0.03%	11	4.64%
Mendocino	2,024	0.27%	68	3.36%
Merced	7,373	0.99%	283	3.84%
Modoc	136	0.02%	8	5.88%
Mono	328	0.04%	25	7.62%
Monterey	14,804	1.98%	351	2.37%
Napa	2,175	0.29%	44	2.02%
Nevada	2,025	0.27%	80	3.95%
Orange	70,490	9.43%	2,558	3.63%
Placer	3,106	0.42%	79	2.54%
Plumas	284	0.04%	8	2.82%
Riverside	55,983	7.49%	1,849	3.30%
Sacramento	20,392	2.73%	326	1.60%
San Benito	1,502	0.20%	60	3.99%
San Bernardino	55,739	7.45%	1,236	2.22%
San Diego	63,853	8.54%	2,182	3.42%
San Francisco	11,038	1.48%	302	2.74%
San Joaquin	16,626	2.22%	615	3.70%
San Luis Obispo	4,331	0.58%	135	3.12%
San Mateo	8,294	1.11%	276	3.33%
Santa Barbara	8,598	1.15%	205	2.38%
Santa Clara	23,466	3.14%	742	3.16%
Santa Cruz	4,777	0.64%	189	3.96%
Shasta	4,022	0.54%	118	2.93%
Sierra	40	0.01%	1	2.50%
Siskiyou	699	0.09%	27	3.86%
Solano	4,530	0.61%	61	1.35%
Sonoma	8,389	1.12%	310	3.70%
Stanislaus	10,429	1.39%	377	3.61%
Sutter	2,904	0.39%	168	5.79%
Tehama	1,327	0.18%	34	2.56%
Trinity	290	0.04%	11	3.79%
Tulare	11,985	1.60%	349	2.91%
Tuolumne	889	0.12%	21	2.36%
Ventura	16,782	2.24%	651	3.88%
Yolo	3,066	0.41%	72	2.35%
Yuba	1,615	0.22%	82	5.08%
Total	747,783	100.00%	22,947	3.07%

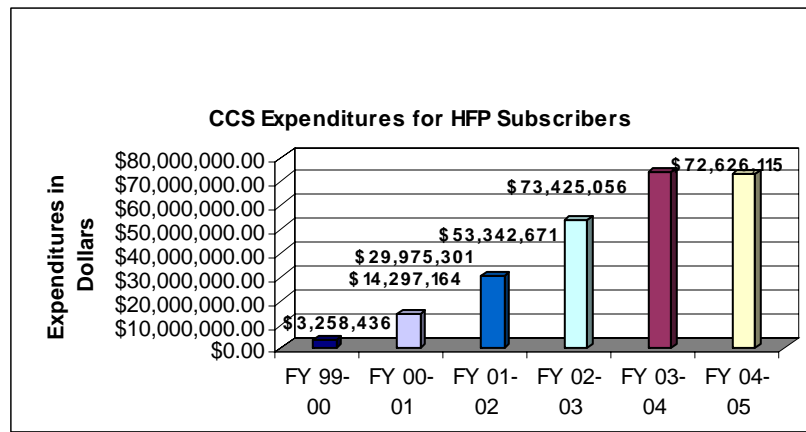
Data Sources: DHS CMS Branch, CCS paid claims and HFP enrollments data

Expenditures for CCS Services

Chart 1 provides the following information regarding expenditures for CCS services:

- Annual expenditures for CCS related services have increased steadily since the HFP's inception.
- Total dollars spent since the program's inception is over \$246 million.
- For FY 2004/05 \$72.6 million was spent on CCS services, an amount slightly less than the prior year.
- In FY 2004/05, the HFP/CCS average cost per active case was \$3,165 compared to \$3,765 cost per active case in FY 2003/04. This change represents a 16% decrease in average cost per active case.

Chart 1



Data Source: Department of Health Services Accounting Branch

Expenditures by Claims Type

Table 3 shows the breakdown of HFP/CCS expenditures paid by claim type for FY 2004/05. The breakdown is slightly different than the prior year.

- While pharmacy expenditures increased by 1.3%, expenditures for medical/physician and inpatient services decreased by 2.9% and 1.7%, respectively. Additionally, a new category of "Other" is included for the first time.

TABLE 3
Claims by Claims Type for FY 2004/05

Claim Type	Total Dollars Paid	Dollars as % of Claims Paid
Pharmacy	\$7,044,000	9.64%
Inpatient	\$40,645,343	55.61%
Outpatient ¹	\$5,896,012	8.07%
Medical/Physician ²	\$16,921,889	23.15%
Vision	\$21,540	0.03%
Other ³	\$2,559,083	3.50%
Total	\$73,087,867	100%

Data Source: Department of Health Services CMS Branch, CCS paid claims

¹ Includes durable medical equipment (DME), medical supplies, and hospital outpatient services.

² Includes payments for orthodontic, dental and health physician services, and blood factor products provided to CCS/HFP children

³ Encompasses claims that contain service codes that are not directly related to one of the claim types (Pharmacy, Inpatient, Outpatient, Medical and Vision) or claims that were paid by the system when the wrong claim codes were used.

Note: Chart 1 is showing the total CCS expenditures data reported by DHS Accounting and Table 3 is showing the total CCS expenditures data reported by the State CCS Program. The difference in totals is due to Electronic Data Services (EDS) Accounts Receivable reporting methodology.

Expenditures by County

Table 4 provides the following information regarding county expenditures:

- In FY 2004/05 the total payments made to counties for CCS services provided are 1.28% more than the total payments during FY 2003/04.
- The counties identified as having the highest expenditures as a percentage of total claims paid are:
 - Los Angeles (30%);
 - San Diego (10%);
 - Orange (8%);
 - Riverside (6%); and
 - San Bernardino (5%).
- These were the five counties with the highest CCS expenditures in FY 2003/04, but with the following exceptions:
 - San Diego has the second highest expenditures for FY 2004/05 in comparison to the third highest expenditures in FY 2003/2004; and
 - Riverside has the forth highest expenditures in FY 2004/05 in comparison to the expenditures in FY 2003/04.
- In addition, there are several counties where the FY 2004/05 expenditures increased over 100% in comparison to the prior benefit year:
 - Madera (+436%);
 - Napa (+148%);
 - San Luis Obispo (+146%); and
 - San Mateo (+532%)

Table 4
FY 2004-05 Claims Paid by County

County	7/1/99-6/30/03	7/1/03-6/30/04	7/1/04-6/30/05	Total Claims Paid as of 6/30/05
Alameda	\$2,528,781	\$2,937,836	\$602,931	\$4,604,835
Amador	\$214,044	\$75,468	\$40,437	\$166,724
Alpine	\$69	0	0	0
Butte	\$1,013,173	\$182,606	\$186,437	\$715,205
Calaveras	\$113,983	\$52,067	\$30,613	\$98,765
Colusa	\$253,792	\$105,792	\$29,016	\$230,402
Contra Costa	\$1,121,448	\$476,648	\$370,256	\$1,366,643
Del Norte	\$192,034	\$103,998	\$29,039	\$285,033
El Dorado	\$2,291,252	\$1,340,204	\$667,079	\$2,936,596
Fresno	\$2,711,543	\$1,764,734	\$1,716,799	\$4,823,579
Glenn	\$202,124	\$89,051	\$65,431	\$241,406
Humboldt	\$815,614	\$291,789	\$133,241	\$884,833
Imperial	\$796,898	\$526,201	\$228,519	\$1,093,513
Inyo	\$16,089	\$8,972	\$10,267	\$22,716
Kern	\$866,647	\$932,554	\$1,085,757	\$2,823,478
Kings	\$937,346	\$555,014	\$498,030	\$1,662,996
Lake	\$168,961	\$39,446	\$154,071	\$301,792
Lassen	\$13,824	\$6,210	\$3,977	\$17,016
Los Angeles	\$23,204,402	\$22,664,833	\$21,921,956	\$57,681,727
Madera	\$998,835	\$211,419	\$1,133,842	\$1,747,046
Marin	\$317,313	\$136,747	\$52,041	\$291,736
Mariposa	\$425,508	\$19,811	\$15,501	\$137,182
Mendocino	\$282,399	\$74,388	\$62,250	\$218,896
Merced	\$1,416,838	\$556,903	\$329,723	\$1,438,500
Modoc	\$14,825	\$6,033	\$9,563	\$21,929
Mono	\$91,716	\$500,378	\$120,207	\$653,380
Monterey	\$3,661,217	\$1,228,299	\$1,501,788	\$4,442,332
Napa	\$159,097	\$97,127	\$241,052	\$456,920
Nevada	\$701,396	\$272,314	\$252,004	\$910,201
Orange	\$7,026,124	\$6,892,886	\$5,899,521	\$18,511,169
Placer	\$589,961	\$191,354	\$156,305	\$557,575
Plumas	\$497,97	\$5,427	\$11,283	\$22,147
Riverside	\$7,463,148	\$3,755,115	\$4,619,732	\$11,740,051
Sacramento	\$1,213,246	\$1,146,485	\$1,385,529	\$3,271,916
San Benito	\$281,951	\$137,881	\$165,949	\$394,883
San Bernardino	\$6,418,326	\$4,897,921	\$3,973,627	\$12,106,456
San Diego	\$11,455,807	\$6,171,465	\$7,598,969	\$19,444,552
San Francisco	\$1,321,331	\$881,601	\$678,137	\$2,171,267
San Joaquin	\$1,650,015	\$845,721	\$562,806	\$2,267,535
San Luis Obispo	\$753,164	\$215,371	\$529,898	\$986,786
San Mateo	\$24,800	\$110,109	\$696,429	\$831,338
Santa Barbara	\$1,697,312	\$431,218	\$270,953	\$1,477,707
Santa Clara	\$3,889,984	\$1,591,852	\$1,006,574	\$4,304,329
Santa Cruz	\$613,345	\$341,560	\$279,998	\$845,503
Shasta	\$695,239	\$198,017	\$107,991	\$683,858
Sierra	\$1,800	\$223	\$106	\$766
Siskiyou	\$71,623	\$156,972	\$8,137	\$213,754
Solano	\$149,478	\$138,241	\$257,455	\$532,792
Sonoma	\$930,216	\$821,417	\$661,668	\$2,323,174
Stanislaus	\$2,179,786	\$886,199	\$811,338	\$2,713,670
Sutter	\$549,939	\$393,486	\$163,925	\$807,348
Tehama	\$227,523	\$44,781	\$29,739	\$142,228
Trinity	\$61,831	\$20,446	\$5,353	\$56,798
Tulare	\$1,205,275	\$1,124,952	\$756,554	\$2,459,982
Tuolumne	\$458,187	\$298,682	\$92,630	\$531,147
Ventura	\$2,485,460	\$1,190,679	\$1,546,239	\$3,928,334
Yolo	\$323,856	\$51,253	\$42,655	\$215,232
Yuba	\$781,897	\$284,816	\$183,598	\$955,603
State only*	\$1,352,056	\$3,671,603	\$3,810,051	\$8,603,620
Counties Unknown	\$76,377	\$7,407	\$5,282,894	\$5,306,247
-Totals	\$101,529,951	\$72,161,983	\$73,087,867	\$246,779,800

Data Source: Department of Health Services CMS Branch, CCS paid claims

Note: The difference in total CCS expenditures data reported by DHS Accounting (\$72,626,115) shown in Chart 1 and the total CCS expenditures data reported by the State CCS Program (\$73,087,983) shown in Table 3 and Table 4 is due to variances in the calculation of expenditures between the two data sources. These variances include: 1) difference in the start and cut-off dates when data were collected; 2) CCS data does not include hand files; 3) CCS data does not include account receivables or any adjustments made by EDS, the DHS Administrative Vendor; and 4) Due to EDS Accounts Receivable reporting methodology.

** Refers to HFP expenditures for subscribers whose family income exceeds the \$40,000 CCS financial eligibility requirement and where the county's responsibility for payment of CCS services is waived.*

HFP CCS Expenditures by Eligible Conditions

Table 5 provides the following information about HFP/CCS expenditures by major diagnostic categories during FY 2004/05:

Malignancies, Cardiac Disorders, and Coagulation Disorders

- These diagnostic categories continue to account for the three highest expenditures.
- The expenditures represent more than 32% of the total expenditures for FY 2004/05, as well as 32% of the total expenditures since inception of the HFP.
- While coagulation disorders represent one of the three highest expenditures, there was a significant decrease (27%) in FY 2004/05 expenditures in comparison with FY 2003/04.
- With the decrease in expenditures for coagulation disorders expenditures for cardiac disorders resumed the position as the second highest expenditure.

Diagnostic Categories with the Largest Percentage Increase in Expenditures:

Joint Disorders (Acute & Chronic):

- This category showed the largest increase (503%) in expenditures in comparison to FY 2003/04.
- Expenditures for this category account for over 5% of the total expenditures.

Other Fractures:

- This category accounts for the second highest increase (172%) in expenditures in comparison to FY 2003/04.
- Expenditures for this category account for over 4% of the total expenditures.

Intestinal Conditions:

- This category accounts for the third highest increase (114%) in expenditures in comparison to FY 2003/04.
- Expenditures for this category account for over 4% of the total expenditures.

Table 5

FY 2004-05 HFP/CCS Expenditures by Eligible Conditions

Medical Conditions	July 1 1999 to June 30, 2003	July 1 2003 to June 30, 2004	July 1, 2004 to June 30, 2005	% change (+/-) between FY 2002/03 and 2003/04	Total Expenditures Since Program Inception
Anemias	0	0	\$957,101	0	\$957,101
Asthmas	\$353,664	\$129,000	\$138,633	7.47%	\$621,297
Cardiac	\$9,693,959	\$7,839,000	\$8,588,321	9.56%	\$26,121,280
Cerebral Palsy	\$769,780	\$363,391	\$417,021	14.76%	\$1,550,192
Cleft Palate/Lip	\$925,510	\$539,000	\$674,696	25.18%	\$2,139,206
Coagulation Disorders	\$7,375,152	\$8,279,360	\$6,015,279	-27.35%	\$21,669,791
Cystic Fibrosis	\$928,911	\$372,365	\$369,580	-0.75%	\$1,670,856
Dental	\$2,296,611	\$2,007,000	\$2,334,703	16.33%	\$6,638,314
Diabetes	\$1,681,486	\$1,196,978	\$496,640	-58.51%	\$3,375,103
ENT (Ear, Nose, Throat)	\$1,564,386	\$988,000	\$936,261	-5.24%	\$3,488,647
Head Injury	\$2,860,170	\$1,273,000	\$1,789,218	40.39%	\$5,922,388
Hemoglobinopathies	\$268,153	\$250,000	\$297,000	18.80%	\$815,153
Immune Disorders	\$176,182	\$134,329	\$266,125	98.11%	\$576,637
Infectious Deceases	\$0	\$0	\$1,366,239	0.00%	\$1,366,239
Intestinal	\$1,150,773	\$1,326,000	\$2,837,118	113.96%	\$5,313,892
Joint Disorders (acute and chronic)	\$646,801	\$660,000	\$3,981,265	503.22%	\$5,288,071
Malignancies	\$12,836,350	\$8,949,053	\$8,872,217	-0.86%	\$30,657,620
Metabolic Disorders	\$1,623,358	\$853,900	\$1,088,605	27.49%	\$3,565,863
Myopathies	\$286,318	\$101,600	\$67,941	-33.13%	\$455,859
Other Conditions	\$38,526,817	\$29,285,598	\$23,631,885	-19.31%	\$91,444,300
Other Fractures	\$4,104,359	\$1,119,000	\$3,042,563	171.90%	\$8,265,924
Other Trauma	\$6,505,651	\$3,861,000	\$1,756,263	-54.51%	\$12,122,913
Ophthalmology	\$3,637,626	\$649,274	\$791,434	21.90%	\$5,078,334
Pituitary Disorders	\$418,887	\$920,000	\$619,565	-32.66%	\$1,926,165
Renal	\$1,999,371	\$728,000	\$1,476,193	102.77%	\$4,203,565
Spina Bifida	\$403,375	\$194,000	\$195,914	0.99%	\$793,289
Thyroid Disorders	\$153,658	\$143,135	\$79,087	-44.75%	\$375,880
Total expenditures	\$101,187,308	\$72,161,983	\$73,086,867		\$246,436,158

Data Source: DHS CMS Branch, CCS paid claims

Note: The discrepancies in the expenditures data between claims paid by the county (Table 4) and expenditures by eligible conditions (Table 5) reflect DHS CMS Branch accounting practices.

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